APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please Print

Position(s) Applied For				Γ	Date o	f Appl	ication
How Did You Learn About	Us?						
Advertisement	Friend	Walk-	In				
Employment Agency	Relative	Other_	·		_		
Last Name	First	Name		N	/iddl	e Namo	
							_
Address			City	S	state	Zip C	ode
Telephone Number			Social	Security 1	Numl	er	
If you are under 18 years of ag can you provide required proo		ity to wo	rk?			Yes	No
Have you ever filed an applica	ation with us befo	ore?	If yes,	give date _		Yes	No
Have you ever been employed	with us before?		If yes,	give date _		Yes	No
Are you currently employed?						Yes	No
May we contact your present of	employer?					Yes	No
Are you prevented from lawfu	lly becoming em	ployed in	this co	untry becau	ise of	Visa or	•
Immigration Status? Proof of citizenship or immigration	ation status will be requ	uired upon er	mployment			Yes	No
On what date would you be av	ailable for work	?					
Are you available to work	Full Time	Part Ti	me	Shift Wo	rk	Tempo	огагу
Are you currently on "lay-off"	status and subje	ct to reca	11?			Yes	No
Have you been convicted of a	felony within the	last 7 ye	ars?			Yes	No

EDUCATION

Elementary School	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other Specify				
]	ndicate any foreign language	es you can speak	read and/or w	<u>rite</u>
Read	Fluent			Fair
Describe any	specialized training, apprent	iceship, skills an	d extra-curricu	lar activities
Describe any	job-related training received	in the United Sta	ates military.	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color religion, gender, national origin, disabilities or other protected status. Dates Employed From To 1. Work Performed **Employer** Address Telephone Number(s) Hourly Rate/Salary Starting Final Job Title Supervisor Reason for Leaving Dates Employed From To 2. **Employer** Work Performed Address Telephone Number(s) Hourly Rate/Salary Starting Final Job Title Supervisor Reason for Leaving

3.	<u>Employer</u>		<u>Dates Employed</u> <u>From To</u>	Work Performed
	Address			
	Telephone Number(s)		Hourly Rate/Salary Starting Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer		Dates Employed From To	Work Performed
	Address			
	Telephone Number(s)		Hourly Rate/Salary Starting Final	
	Job Title	Supervisor		
	Reason for Leaving			
	If you need add	itional space, plea	se continue on a separate :	sheet of paper.

	Specialized Skills Che	ck Skills/Equipment Operated	
CRT	FAX	Production/Mobile Machinery (list)	Other (List)
PC	Lotus 1-2-3		
Calculator	PBS System		
Typewriter	Wordperfect		
_			
State any additional i	information you feel may be help	ful to us in considering your ap	plication.
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Note to applicants: Do	O NOT ANSWER THIS QUEST	ION UNLESS YOU HAVE BI	EEN INFORME
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